

ISSUE SLIP STAPLE AREA (for additional cross references)

| POSITION | INITIALS | ID NO. | DATE |
|---------------------------|----------|--------|----------|
| FEE DETERMINATION | | | |
| O.I.P.E. CLASSIFIER | | 19 | 0301 |
| FORMALITY REVIEW | TH | 553 | 08-31-01 |
| RESPONSE FORMALITY REVIEW | JK | 835 | 10/22/01 |

INDEX OF CLAIMS

✓ Rejected N Non-elected
 = Allowed I Interference
 - (Through numeral)..... Canceled A Appeal
 + Restricted O Objected

BEST AVAILABLE COPY

| Claim | Final | Original | Date |
|-------|-------|----------|----------|
| 1 | ✓ | ✓ | 08/14/01 |
| 2 | ✓ | ✓ | 08/14/01 |
| 3 | ✓ | ✓ | 08/14/01 |
| 4 | ✓ | ✓ | 08/14/01 |
| 5 | 0 | 0 | 08/14/01 |
| 6 | 0 | 0 | 08/14/01 |
| 7 | ✓ | ✓ | 08/14/01 |
| 8 | ✓ | ✓ | 08/14/01 |
| 9 | ✓ | ✓ | 08/14/01 |
| 10 | ✓ | ✓ | 08/14/01 |
| 11 | ✓ | ✓ | 08/14/01 |
| 12 | ✓ | ✓ | 08/14/01 |
| 13 | ✓ | ✓ | 08/14/01 |
| 14 | ✓ | 0 | 08/14/01 |
| 15 | 0 | 0 | 08/14/01 |
| 16 | 0 | 0 | 08/14/01 |
| 17 | ✓ | ✓ | 08/14/01 |
| 18 | ✓ | ✓ | 08/14/01 |
| 19 | ✓ | ✓ | 08/14/01 |
| 20 | ✓ | ✓ | 08/14/01 |
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| Claim | Final | Original | Date |
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If more than 150 claims or 10 actions
staple additional sheet here

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530
08-31-01
WJ
10/22/01